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650-463-8400

T-688 P.002/004 F-066

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27194 7590 06/07/2004

HOWREY SIMON ARNOLD & WHITE, LLP  
BOX 34  
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MENLO PARK, CA 94025

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Gayle L. Jacob	(Depositor's name)
	(Signature)
September 3, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/670,429	09/23/2003	Richard Hammond	13519.0005.NPUS01	1301

TITLE OF INVENTION: CHRYSANTHEMUM PLANT NAMED 'ESPERANTO HAPPY'

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<del>YES</del> NO	<del>\$320</del> \$640	\$300	<del>\$620</del> \$940	09/07/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
GRUNBERG, ANNE MARIE	1661	PLT-286000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Howrey Simon Arnold & White, LLP  
2. \_\_\_\_\_  
3. \_\_\_\_\_

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Aurora Varieties S.L.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Spain

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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☒ Issue Fee \$640☒ Publication Fee☒ Advance Order - # of Copies 2 color copies

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-3038 (enclose an extra copy of this form).

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(Authorized Signature) (Date)

Mark K. Dickson (Reg. # 32,889) September 3, 2004

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PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

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301 RAVENSWOOD AVENUE  
MENLO PARK, CA 94025-3434  
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### FACSIMILE COVER SHEET

DATE: September 3, 2004

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